

**REPORT
ON THE
AMENDED COST REPORT REVIEW**

**ST. LOUISE REGIONAL HOSPITAL
GILROY, CALIFORNIA
PROVIDER NUMBER: HSP30688I
NPI NUMBER: 1386746337**

**FISCAL PERIOD ENDED
JUNE 30, 2008**

**Audits Section - Richmond
Financial Audits Branch
Audits and Investigations
Department of Health Care Services**

**Section Chief: Louise Wong
Audit Supervisor: Diana Dong
Auditor: Ken Cui**



TOBY DOUGLAS
Director

State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
Governor

May 10, 2011

Todd Schroeder
Director of Reimbursement
Daughters of Charity Health System
203 Redwood Shores Parkway, Suite 800
Redwood City, CA 94065

AMENDED

PROVIDER: ST. LOUISE REGIONAL HOSPITAL
PROVIDER NOS. HSP30688I/LTC55428I AND NPI NO. 1386746337
FISCAL PERIOD ENDED JUNE 30, 2008

We have amended the provider's Medi-Cal Cost Report, dated September 30, 2010, for the above-referenced fiscal period. The amendment was necessary to correct an overstatement related to Med-Cal Interim Payment.

Our examination was made under the authority of Section 14170 of the Welfare and Institutions Code and, accordingly, included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the amended settlement for the fiscal period due the Provider in the amount of \$576,540 presented in the Summary of Findings represents a proper determination in accordance with the reimbursement principles of applicable programs.

This audit report includes the:

1. Summary of Findings
2. Amended Computation of Audited Medi-Cal Reimbursement Settlement (NONCONTRACT Schedules)
3. Amended Computation of Audited Distinct Part Nursing Facility Per Diem (DPNF Schedules)
4. Amended Audit Adjustments Schedule

The amended settlement will be incorporated into a Statement of Account Status, which may reflect tentative retroactive adjustment determinations, payments from the provider, and other financial transactions initiated by the Department. The Statement of Account Status will be forwarded to the provider by the State's fiscal intermediary. Instructions regarding payment will be included with the Statement of Account Status.

Notwithstanding this amended audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

If you disagree with the decision of the Department, you may appeal by writing to:

John Melton, Chief
Office of Administrative Appeals and Hearings
1029 J Street, Suite 200
MS 0017
Sacramento, CA 95814
(916) 322-5603

The written notice of disagreement must be received by the Department within 60 calendar days from the day you receive this letter. A copy of this notice should be sent to:

United States Postal Service (USPS)

Assistant Chief Counsel
Department of Health Care Services
Office of Legal Services
MS 0010
P.O. Box 997413
Sacramento, CA 95899-7413

Courier (UPS, FedEx, etc.)

Assistant Chief Counsel
Department of Health Care Services
Office of Legal Services
MS 0010
1501 Capitol Avenue, Suite 71.5001
Sacramento, CA 95814-5005
(916) 440-7700

The procedures that govern an appeal are contained in Welfare and Institutions Code, Section 14171, and California Code of Regulations, Title 22, Section 51016, et seq.

If you have questions regarding this report, you may call the Audits Section—Richmond at (510) 620-3100.

Original Signed by

Louise Wong, Chief
Audits Section—Richmond
Financial Audits Branch

Certified

AMENDED SUMMARY OF FINDINGS

Provider Name:
ST. LOUISE REGIONAL HOSPITAL

Fiscal Period Ended:
JUNE 30, 2008

		SETTLEMENT	COST
1. Medi-Cal Noncontract Settlement (SCHEDULE 1) Provider No. HSP30688I	Reported	\$ 1,657,717	
	Net Change	\$ (1,081,177)	
	Amended Amount Due Provider (State)	\$ 576,540	
2. Subprovider I (SCHEDULE 1-1) Provider No.	Reported	\$ 0	
	Net Change	\$ 0	
	Amended Amount Due Provider (State)	\$ 0	
3. Subprovider II (SCHEDULE 1-2) Provider No.	Reported	\$ 0	
	Net Change	\$ 0	
	Amended Amount Due Provider (State)	\$ 0	
4. Medi-Cal Contract Cost (CONTRACT SCH 1) Provider No.	Reported		\$ 0
	Net Change		\$ 0
	Amended Cost		\$ 0
	Amended Amount Due Provider (State)	\$ 0	
5. Distinct Part Nursing Facility (DPNF SCH 1) Provider No. LTC55428I	Reported		\$ 1,557.42
	Net Change		\$ 96.82
	Amended Cost Per Day		\$ 1,654.24
	Amended Amount Due Provider (State)	\$ 0	
6. Distinct Part Nursing Facility (DPNF SCH 1-1) Provider No.	Reported		\$ 0.00
	Net Change		\$ 0.00
	Amended Cost Per Day		\$ 0.00
	Amended Amount Due Provider (State)	\$ 0	
7. Adult Subacute (ADULT SUBACUTE SCH 1) Provider No.	Reported		\$ 0.00
	Net Change		\$ 0.00
	Amended Cost Per Day		\$ 0.00
	Amended Amount Due Provider (State)	\$ 0	
8. Total Medi-Cal Settlement Due Provider (State) - (Lines 1 through 7)		\$ 576,540	
9. Total Amended Medi-Cal Cost			\$ 0

AMENDED SUMMARY OF FINDINGS

Provider Name:
ST. LOUISE REGIONAL HOSPITAL

Fiscal Period Ended:
JUNE 30, 2008

		SETTLEMENT	COST
10.	Subacute (SUBACUTE SCH 1-1)		
	Provider No.		
	Reported		\$ 0.00
	Net Change		\$ 0.00
	Amended Cost Per Day		\$ 0.00
	Amended Amount Due Provider (State)	\$ 0	
11.	Rural Health Clinic (RHC SCH 1)		
	Provider No.		
	Reported	\$ 0	
	Net Change	\$ 0	
	Amended Amount Due Provider (State)	\$ 0	
12.	Rural Health Clinic (RHC 95-210 SCH 1)		
	Provider No.		
	Reported	\$ 0	
	Net Change	\$ 0	
	Amended Amount Due Provider (State)	\$ 0	
13.	Rural Health Clinic (RHC 95-210 SCH 1-1)		
	Provider No.		
	Reported	\$ 0	
	Net Change	\$ 0	
	Amended Amount Due Provider (State)	\$ 0	
14.	County Medical Services Program (CMSP SCH 1)		
	Provider No.		
	Reported	\$ 0	
	Net Change	\$ 0	
	Amended Amount Due Provider (State)	\$ 0	
15.	Transitional Care (TC SCH 1)		
	Provider No.		
	Reported		\$ 0.00
	Net Change		\$ 0.00
	Amended Cost Per Day		\$ 0.00
	Amended Amount Due Provider (State)	\$ 0	
16.	Total Other Amended Settlement Due Provider (State) - (Lines 10 through 15)	\$ 0	
17.	Total Combined Amended Settlement Due Provider (State/CMSP/RHC) - (Line 8 + Line 16)	\$ 576,540	

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
ST. LOUISE REGIONAL HOSPITAL

Fiscal Period Ended:
JUNE 30, 2008

Provider No.
HSP30688I

	REPORTED	AMENDED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)	\$ <u>6,941,285</u>	\$ <u>6,086,764</u>
2. Excess Reasonable Cost Over Charges (Schedule 2)	\$ <u>0</u>	\$ <u>0</u>
3. Medi-Cal Inpatient Hospital Based Physician Services	\$ <u>0</u>	\$ <u>N/A</u>
4.	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL COST-Reimbursable to Provider (Lines 1 through 4)	\$ <u>6,941,285</u>	\$ <u>6,086,764</u>
6. Interim Payments (Adj 15)	\$ <u>(5,283,568)</u>	\$ <u>(5,506,067)</u>
7. Balance Due Provider (State)	\$ <u>1,657,717</u>	\$ <u>580,697</u>
8. Medi-Cal Credit Balance (Adj 18)	\$ <u>0</u>	\$ <u>(304)</u>
9. Routine Services - Late Billing Penalty (Adj 19)	\$ <u>0</u>	\$ <u>(3,853)</u>
10.	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ <u><u>1,657,717</u></u>	\$ <u><u>576,540</u></u>
		(To Summary of Findings)

COMPUTATION OF LESSER OF
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:
ST. LOUISE REGIONAL HOSPITALFiscal Period Ended:
JUNE 30, 2008Provider No.
HSP30688I

REPORTED

AMENDED

REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Schedule 3) \$ 6,941,285 \$ 6,210,431

CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 14) \$ 11,555,147 \$ 11,437,8543. Inpatient Ancillary Service Charges (Adj 14) \$ 13,676,477 \$ 14,091,7354. Total Charges - Medi-Cal Inpatient Services \$ 25,231,624 \$ 25,529,5895. Excess of Customary Charges Over Reasonable Cost
(Line 4 minus Line 1) * \$ 18,290,339 \$ 19,319,1586. Excess of Reasonable Cost Over Customary Charges
(Line 1 minus Line 4) \$ 0 \$ 0
(To Schedule 1)

* If charges exceed reasonable cost, no further calculation necessary for this schedule.

COMPUTATION OF
MEDI-CAL NET COSTS OF COVERED SERVICESProvider Name:
ST. LOUISE REGIONAL HOSPITALFiscal Period Ended:
JUNE 30, 2008Provider No.
HSP30688I

	REPORTED	AMENDED
1. Medi-Cal Inpatient Ancillary Services (Schedule 5)	\$ <u>2,508,696</u>	\$ <u>2,513,202</u>
2. Medi-Cal Inpatient Routine Services (Schedule 4)	\$ <u>4,432,589</u>	\$ <u>3,697,229</u>
3. Medi-Cal Inpatient Hospital Based Physician for Intern and Resident Services (Sch)	\$ <u>0</u>	\$ <u>0</u>
4.	\$ <u>0</u>	\$ <u>0</u>
5.	\$ <u>0</u>	\$ <u>0</u>
6. SUBTOTAL (Sum of Lines 1 through 5)	\$ <u>6,941,285</u>	\$ <u>6,210,431</u>
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7)	\$ <u>(See Schedule 1)</u>	\$ <u>0</u>
8. SUBTOTAL	\$ <u>6,941,285</u>	\$ <u>6,210,431</u>
	(To Schedule 2)	
9. Coinsurance (Adj 15)	\$ <u>0</u>	\$ <u>(106,473)</u>
10. Patient and Third Party Liability (Adj 15)	\$ <u>0</u>	\$ <u>(17,194)</u>
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ <u>6,941,285</u>	\$ <u>6,086,764</u>
	(To Schedule 1)	

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
ST. LOUISE REGIONAL HOSPITALFiscal Period Ended:
JUNE 30, 2008Provider No.
HSP30688I

GENERAL SERVICE UNIT NET OF SWING-BED COSTS

REPORTED	AMENDED
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INPATIENT DAYS

1. Total Inpatient Days (include private & swing-bed) (Adj 10)	10,858	11,055
2. Inpatient Days (include private, exclude swing-bed)	10,858	11,055
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj 10)	10,858	11,055
5. Medicare NF Swing-Bed Days through Dec 31 (Adj)	0	0
6. Medicare NF Swing-Bed Days after Dec 31 (Adj)	0	0
7. Medi-Cal NF Swing-Bed Days through July 31 (Adj)	0	0
8. Medi-Cal NF Swing-Bed Days after July 31 (Adj)	0	0
9. Medi-Cal Days (excluding swing-bed) (Adj 11)	2,204	1,491

SWING-BED ADJUSTMENT

17. Medicare NF Swing-Bed Rates through Dec 31 (Adj)	\$ 0.00	\$ 0.00
18. Medicare NF Swing-Bed Rates after Dec 31(Adj)	\$ 0.00	\$ 0.00
19. Medi-Cal NF Swing-Bed Rates through July 31(Adj)	\$ 0.00	\$ 0.00
20. Medi-Cal NF Swing-Bed Rates after July 31(Adj)	\$ 0.00	\$ 0.00
21. Total Routine Serv Cost (Sch 8, Line 25, Col 27)	\$ 16,563,872	\$ 16,603,312
22. Medicare NF Swing-Bed Cost through Dec 31 (L 5 x L 17)	\$ 0	\$ 0
23. Medicare NF Swing-Bed Cost after Dec 31 (L 6 x L 18)	\$ 0	\$ 0
24. Medi-Cal NF Swing-Bed Cost through July 31 (L 7 x L 19)	\$ 0	\$ 0
25. Medi-Cal NF Swing-Bed Cost after July 31 (L 8 x L 20)	\$ 0	\$ 0
26. Total Swing-Bed Cost (Sum of Lines 22 to 25)	\$ 0	\$ 0
27. Inpatient Routine Cost Net of Swing-Bed (L 21 minus L 26)	\$ 16,563,872	\$ 16,603,312

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28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	\$ 58,088,370	\$ 58,088,370
29. Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)	\$ 58,088,370	\$ 58,088,370
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.285150	\$ 0.285829
32. Average Private Room Per Diem Charge (L 29 / L 3)	\$ 0.00	\$ 0.00
33. Average Semi-Private Room Per Diem Charge (L 30 / L 4)	\$ 5,349.82	\$ 5,254.49
34. Avg Per Diem Prvt Room Charge Differential (L 32 minus L 33)	\$ 0.00	\$ 0.00
35. Average Per Diem Private Room Cost Differential (L 31 x L 34)	\$ 0.00	\$ 0.00
36. Private Room Cost Differential Adjustment (L 35 x L 3)	\$ 0	\$ 0
37. Inpatient Rout Cost Net of Swing-Bed & Prvt Rm (L 27 minus L 36)	\$ 16,563,872	\$ 16,603,312

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 1,525.50	\$ 1,501.88
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 3,362,202	\$ 2,239,303
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 1,070,387	\$ 1,457,926
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 4,432,589	\$ 3,697,229

(To Schedule 3)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
ST. LOUISE REGIONAL HOSPITALFiscal Period Ended:
JUNE 30, 2008Provider No.
HSP30688I

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AMENDED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 1,540,187	\$ 1,543,647
2. Total Inpatient Days (Adj)	1,298	1,298
3. Average Per Diem Cost	\$ 1,186.58	\$ 1,189.25
4. Medi-Cal Inpatient Days (Adj 11)	566	518
5. Cost Applicable to Medi-Cal	\$ 671,604	\$ 616,032
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 5,864,276	\$ 5,877,553
7. Total Inpatient Days (Adj)	1,897	1,897
8. Average Per Diem Cost	\$ 3,091.34	\$ 3,098.34
9. Medi-Cal Inpatient Days (Adj 11)	129	267
10. Cost Applicable to Medi-Cal	\$ 398,783	\$ 827,257
CORONARY CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 27, Col 27)	\$ 0	\$ 0
12. Total Inpatient Days (Adj)	0	0
13. Average Per Diem Cost	\$ 0.00	\$ 0.00
14. Medi-Cal Inpatient Days (Adj)	0	0
15. Cost Applicable to Medi-Cal	\$ 0	\$ 0
NEONATAL INTENSIVE CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 28, Col 27)	\$ 0	\$ 0
17. Total Inpatient Days (Adj)	0	0
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Adj)	0	0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
SURGICAL INTENSIVE CARE UNIT		
21. Total Inpatient Routine Cost (Sch 8, Line 29, Col 27)	\$ 0	\$ 0
22. Total Inpatient Days (Adj)	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Adj)	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
ADMINISTRATIVE DAYS (August 1, 2007 through June 30, 2008)		
26. Per Diem Rate (Adj 12)	\$ 0.00	\$ 311.42
27. Medi-Cal Inpatient Days (Adj 12)	0	47
28. Cost Applicable to Medi-Cal	\$ 0	\$ 14,637
ADMINISTRATIVE DAYS		
29. Per Diem Rate (Adj)	\$ 0.00	\$ 0.00
30. Medi-Cal Inpatient Days (Adj)	0	0
31. Cost Applicable to Medi-Cal	\$ 0	\$ 0
32. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,28,31)	\$ 1,070,387	\$ 1,457,926

(To Schedule 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
ST. LOUISE REGIONAL HOSPITALFiscal Period Ended:
JUNE 30, 2008Provider No.
HSP30688I

SPECIAL CARE UNITS	REPORTED	AMENDED
1. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
2. Total Inpatient Days (Adj)	0	0
3. Average Per Diem Cost	\$ 0.00	\$ 0.00
4. Medi-Cal Inpatient Days (Adj)	0	0
5. Cost Applicable to Medi-Cal	\$ 0	\$ 0
6. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
7. Total Inpatient Days (Adj)	0	0
8. Average Per Diem Cost	\$ 0.00	\$ 0.00
9. Medi-Cal Inpatient Days (Adj)	0	0
10. Cost Applicable to Medi-Cal	\$ 0	\$ 0
11. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
12. Total Inpatient Days (Adj)	0	0
13. Average Per Diem Cost	\$ 0.00	\$ 0.00
14. Medi-Cal Inpatient Days (Adj)	0	0
15. Cost Applicable to Medi-Cal	\$ 0	\$ 0
16. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
17. Total Inpatient Days (Adj)	0	0
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Adj)	0	0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
21. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
22. Total Inpatient Days (Adj)	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Adj)	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
26. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
27. Total Inpatient Days (Adj)	0	0
28. Average Per Diem Cost	\$ 0.00	\$ 0.00
29. Medi-Cal Inpatient Days (Adj)	0	0
30. Cost Applicable to Medi-Cal	\$ 0	\$ 0
31. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30)	\$ 0	\$ 0

(To Schedule 4)

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:
ST. LOUISE REGIONAL HOSPITAL

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSP306881

		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES (Adj)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (From Schedule 6)	MEDI-CAL COST
ANCILLARY COST CENTERS						
37.00	Operating Room	\$ 6,271,651	\$ 34,550,552	0.181521	\$ 2,699,064	\$ 489,937
38.00	Recovery Room	0	0	0.000000	0	0
39.00	Delivery Room and Labor Room	1,456,185	2,728,816	0.533632	873,423	466,087
40.00	Anesthesiology	0	0	0.000000	0	0
41.00	Radiology - Diagnostic	5,621,412	44,084,959	0.127513	949,118	121,025
41.01		0	0	0.000000	0	0
41.02		0	0	0.000000	0	0
42.00	Radiology - Therapeutic	0	0	0.000000	0	0
43.00	Radioisotope	201,422	670,432	0.300436	9,579	2,878
44.00	Laboratory	5,082,185	30,135,008	0.168647	2,243,077	378,289
44.01	Pathological Lab	0	0	0.000000	0	0
46.00	Whole Blood	0	0	0.000000	0	0
47.00	Blood Storing and Processing	0	0	0.000000	0	0
48.00	Intravenous Therapy	0	0	0.000000	0	0
49.00	Respiratory Therapy	2,694,081	14,217,409	0.189492	804,157	152,381
50.00	Physical Therapy	1,025,141	5,108,699	0.200666	218,351	43,816
51.00	Occupational Therapy	0	0	0.000000	0	0
52.00	Speech Pathology	0	0	0.000000	0	0
53.00	Electrocardiology	0	0	0.000000	0	0
54.00	Electroencephalography	0	0	0.000000	0	0
55.00	Medical Supplies Charged to Patients	5,081,950	34,053,371	0.149235	2,314,564	345,414
56.00	Drugs Charged to Patients	3,788,304	29,100,415	0.130180	3,029,871	394,430
57.00	Renal Dialysis	134,442	988,288	0.136035	135,890	18,486
58.00	ASC (Non-Distinct Part)	0	0	0.000000	0	0
58.02		0	0	0.000000	0	0
59.01		0	0	0.000000	0	0
59.02		0	0	0.000000	0	0
59.03		0	0	0.000000	0	0
60.00	Clinic	836,764	704,552	1.187654	0	0
60.01	Pediatrics Clinic	3,722	0	0.000000	0	0
61.00	Emergency	7,158,740	58,051,455	0.123317	814,641	100,459
62.00	Observation Beds	3,063	675,976	0.004531	0	0
62.01		0	0	0.000000	0	0
62.02		0	0	0.000000	0	0
62.03		0	0	0.000000	0	0
62.04		0	0	0.000000	0	0
85.00		0	0	0.000000	0	0
86.00		0	0	0.000000	0	0
TOTAL		\$ 39,359,062	\$ 255,069,932		\$ 14,091,735	\$ 2,513,202

(To Schedule 3)

* From Schedule 8, Column 27

COMPUTATION OF PROFESSIONAL
COMPONENT OF HOSPITAL BASED
PHYSICIAN'S REMUNERATION

Provider Name:
ST. LOUISE REGIONAL HOSPITAL

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSP306881

	PROFESSIONAL SERVICE COST CENTERS	HBP REMUNERATION (Adj)	TOTAL CHARGES TO ALL PATIENTS (Adj)	RATIO OF REMUNERATION TO CHARGES	MEDI-CAL CHARGES (Adj)	MEDI-CAL COST
40.00	Anesthesiology	\$ 0	\$ 0	0.000000	\$	\$ 0
41.00	Radiology - Diagnostic	0	0	0.000000		0
43.00	Radioisotope	0	0	0.000000		0
44.00	Laboratory	0	0	0.000000		0
53.00	Electrocardiology	0	0	0.000000		0
54.00	Electroencephalography	0	0	0.000000		0
61.00	Emergency	0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
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		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
	TOTAL	\$ 0	\$ 0		\$ 0	\$ 0

(To Schedule 3)

**COMPUTATION OF
DISTINCT PART NURSING FACILITY PER DIEM**

Provider Name:
ST. LOUISE REGIONAL HOSPITAL

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
LTC55428I

	REPORTED	AMENDED	DIFFERENCE
COMPUTATION OF DISTINCT PART (DP) NURSING FACILITY PER DIEM			
1. Distinct Part Ancillary Cost (DPNF Sch 3)	\$ 0	\$ 491,306	\$ 491,306
2. Distinct Part Routine Cost (DPNF Sch 2)	\$ 3,360,905	\$ 3,078,544	\$ (282,361)
3. Total Distinct Part Facility Cost (Lines 1 & 2)	\$ 3,360,905	\$ 3,569,850	\$ 208,945
4. Total Distinct Part Patient Days (Adj)	2,158	2,158	0
5. Average DP Per Diem Cost (Line 3 / Line 4)	\$ 1,557.42	\$ 1,654.24	\$ 96.82
DPNF OVERPAYMENT AND OVERBILLINGS			
6. Medi-Cal Overpayments (Adj)	\$ 0	\$ 0	\$ 0
7. Medi-Cal Credit Balances (Adj)	\$ 0	\$ 0	\$ 0
8. MEDI-CAL SETTLEMENT Due Provider (State)	\$ 0	\$ 0	\$ 0
	(To Summary of Findings)		
GENERAL INFORMATION			
9. Total Available Distinct Part Beds (C/R, W/S S-3)	21	21	0
10. Total Licensed Capacity (All levels) (Adj)	92	92	0
11. Total Medi-Cal DP Patient Days (Adj 16)	114	89	(25)
CAPITAL RELATED COST			
12. Direct Capital Related Cost	N/A	\$ 2,249	N/A
13. Indirect Capital Related Cost (DPNF Sch 5)	N/A	\$ 310,461	N/A
14. Total Capital Related Cost (Lines 12 & 13)	N/A	\$ 312,710	N/A
TOTAL SALARY & BENEFITS			
15. Direct Salary & Benefits Expenses	N/A	\$ 1,083,147	N/A
16. Allocated Salary & Benefits (DPNF Sch 5)	N/A	\$ 1,036,739	N/A
17. Total Salary & Benefits Expenses (Lines 15 & 16)	N/A	\$ 2,119,886	N/A

SUMMARY OF DISTINCT PART FACILITY EXPENSES

Provider Name:
ST. LOUISE REGIONAL HOSPITAL

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
LTC55428I

COL.	COST CENTER DIRECT AND ALLOCATED EXPENSE	REPORTED *	AMENDED*	DIFFERENCE
0.00	Distinct Part	\$ 1,150,355	\$ 1,150,355	\$ 0
1.00	Old Capital Related Costs - Building and Fixtures		0	0
2.00	Old Capital Related Costs - Movable Equipment		0	0
3.00	New Capital Related Costs - Building and Fixtures	104,809	78,607	(26,202)
4.00	New Capital Related Costs - Movable Equipment	241,388	181,041	(60,347)
4.01			0	0
4.02			0	0
4.03			0	0
4.04			0	0
4.05			0	0
4.06			0	0
4.07			0	0
4.08			0	0
5.00	Employee Benefits	408,914	413,137	4,223
6.01	Nonpatient Telephones		0	0
6.02	Data Processing	9,028	9,028	0
6.03	Purchasing / Receiving	2,770	2,777	7
6.04	Admitting	16,599	16,689	90
6.05	Outpatient Registration		0	0
6.00			0	0
6.07			0	0
6.08			0	0
6.06	Administrative and General	259,958	247,444	(12,514)
7.00	Maintenance and Repairs	359,687	272,037	(87,650)
8.00	Operation of Plant	156,416	118,271	(38,145)
9.00	Laundry and Linen Service	8,930	8,923	(7)
10.00	Housekeeping	258,818	196,054	(62,764)
11.00	Dietary	105,086	105,475	389
12.00	Cafeteria	87,280	87,469	189
13.00	Maintenance of Personnel		0	0
14.00	Nursing Administration	123,951	124,186	235
15.00	Central Services and Supply	2,874	2,878	4
16.00	Pharmacy	1,003	1,013	10
17.00	Medical Records and Library	19,011	19,043	32
18.00	Social Service	44,028	44,115	87
19.00			0	0
19.02			0	0
19.03			0	0
21.00	Nursing School		0	0
21.01	Clinical Pastoral Education		0	0
22.00	Intern and Res Service - Salary and Fringes		0	0
23.00	Intern and Res - Other Program		0	0
24.00	Paramedical Ed Program		0	0
101.00	TOTAL DIRECT AND ALLOCATED EXPENSES	\$ 3,360,905	\$ 3,078,544	\$ (282,361)

(To DPNF Sch 1)

* From Schedule 8, Part I, line 34.

SCHEDULE OF TOTAL DISTINCT PART ANCILLARY COSTS

Provider Name:
ST. LOUISE REGIONAL HOSPITAL

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
LTC55428I

		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES	RATIO COST TO CHARGES	TOTAL DP ANCILLARY CHARGES **	TOTAL ANCILLARY COST***
ANCILLARY COST CENTERS					(From DPNF Sch 4)	
49.00	Respiratory Therapy	\$ 2,694,081	\$ 14,217,409	0.189492	\$ 1,291,901	\$ 244,805
55.00	Med Supply Charged to Patients	5,081,950	34,053,371	0.149235	115,510	17,238
56.00	Drugs Charged to Patients	3,788,304	29,100,415	0.130180	1,761,114	229,263
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
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				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
101.00	TOTAL	\$ 11,564,335	\$ 77,371,195		\$ 3,168,525	\$ 491,306

(To DPNF Sch 1)

* From Schedule 8, Column 27.
** Total Distinct Part Ancillary Charges included in the rate.
*** Total Distinct Part Ancillary Costs included in the rate.

**ADJUSTMENTS TO TOTAL
DISTINCT PART ANCILLARY CHARGES**

Provider Name:
ST. LOUISE REGIONAL HOSPITAL

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
LTC55428I

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj 17)	AMENDED
49.00	Respiratory Therapy	\$ 0	\$ 1,291,901	\$ 1,291,901
55.00	Med Supply Charged to Patients	0	115,510	115,510
56.00	Drugs Charged to Patients	0	1,761,114	1,761,114
				0
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				0
TOTAL DP ANCILLARY CHARGES		\$ 0	\$ 3,168,525	\$ 3,168,525

(To DPNF Sch 3)

**ALLOCATION OF INDIRECT EXPENSES
DISTINCT PART NURSING FACILITY**

Provider Name:
ST. LOUISE REGIONAL HOSPITAL

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
LTC55428I

COL.	COST CENTER	AMENDED CAP RELATED * (COL 1)	AMENDED SAL & EMP BENEFITS * (COL 2)
1.00	Old Capital Related Costs - Building and Fixtures	\$ 0	\$ N/A
2.00	Old Capital Related Costs - Movable Equipment	0	N/A
3.00	New Capital Related Costs - Building and Fixtures	78,607	N/A
4.00	New Capital Related Costs - Movable Equipment	181,041	N/A
4.01		0	N/A
4.02		0	N/A
4.03		0	N/A
4.04		0	N/A
4.05		0	N/A
4.06		0	N/A
4.07		0	N/A
4.08		0	N/A
5.00	Employee Benefits	1,101	412,057
6.01	Nonpatient Telephones	0	0
6.02	Data Processing	76	16
6.03	Purchasing / Receiving	371	2,804
6.04	Admitting	745	15,249
6.05	Outpatient Registration	0	0
6.00		0	0
6.07		0	0
6.08		0	0
6.06	Administrative and General	6,732	74,209
7.00	Maintenance and Repairs	1,181	117,232
8.00	Operation of Plant	9,408	7,923
9.00	Laundry and Linen Service	29	315
10.00	Housekeeping	8,226	126,594
11.00	Dietary	15,424	59,008
12.00	Cafeteria	3,940	67,970
13.00	Maintenance of Personnel	0	0
14.00	Nursing Administration	1,056	102,493
15.00	Central Services and Supply	986	412
16.00	Pharmacy	127	578
17.00	Medical Records and Library	643	12,911
18.00	Social Service	766	36,968
19.00		0	0
19.02		0	0
19.03		0	0
21.00	Nursing School	0	0
21.01	Clinical Pastoral Education	0	0
22.00	Intern and Res Service - Salary and Fringes	0	0
23.00	Intern and Res - Other Program	0	0
24.00	Paramedical Ed Program	0	0
101	TOTAL ALLOCATED INDIRECT EXPENSES	\$ 310,461	\$ 1,036,739

* These amounts include Skilled Nursing Facility expenses,
line 34.

(To DPNF SCH 1)

Provider Name:

ST. LOUISE REGIONAL HOSPITAL

Fiscal Period Ended:
JUNE 30, 2008

	TRIAL BALANCE EXPENSES	NET EXP FOR COST ALLOC (From Sch 10)	OLD CAPITAL BLDG & FIXTURES 1.00	OLD MOVABLE EQUIP 2.00	NEW CAPITAL BLDG & FIXTURES 3.00	NEW MOVABLE EQUIP 4.00	ALLOC COST 4.01	ALLOC COST 4.02	ALLOC COST 4.03	ALLOC COST 4.04	ALLOC COST 4.05	ALLOC COST 4.06	ALLOC COST 4.07
GENERAL SERVICE COST CENTER													
1.00	Old Capital Related Costs - Building and Fixtures	0											
2.00	Old Capital Related Costs - Movable Equipment	0											
3.00	New Capital Related Costs - Building and Fixtures	901,010	0	0	0	0	0	0	0	0	0	0	0
4.00	New Capital Related Costs - Movable Equipment	2,075,140	0	0	0	0	0	0	0	0	0	0	0
4.01		0											
4.02		0											
4.03		0											
4.04		0											
4.05		0											
4.06		0											
4.07		0											
4.08		0											
5.00	Employee Benefits	11,942,595			9,474	21,820							
6.01	Nonpatient Telephones	168,501											
6.02	Data Processing	1,646,604			4,244	9,775							
6.03	Purchasing / Receiving	325,015			23,755	54,711							
6.04	Admitting	551,971			6,594	15,187							
6.05	Outpatient Registration	431,404											
6.00		0											
6.07		0											
6.08		0											
6.06	Administrative and General	6,854,486			57,916	133,387							
7.00	Maintenance and Repairs	2,122,896											
8.00	Operation of Plant	854,389			26,819	61,768							
9.00	Laundry and Linen Service	70,087											
10.00	Housekeeping	1,199,067			18,255	42,043							
11.00	Dietary	301,606			36,077	83,089							
12.00	Cafeteria	930,529			19,067	43,914							
13.00	Maintenance of Personnel	0											
14.00	Nursing Administration	1,350,934			2,057	4,738							
15.00	Central Services and Supply	228,006			19,251	44,338							
16.00	Pharmacy	967,311			9,203	21,196							
17.00	Medical Records and Library	953,719			10,936	25,186							
18.00	Social Service	184,422			1,050	2,419							
19.00		0											
19.02		0											
19.03		0											
21.00	Nursing School	0											
21.01	Clinical Pastoral Education	0											
22.00	Intern and Res Service - Salary and Fringes	0											
23.00	Intern and Res - Other Program	0											
24.00	Paramedical Ed Program	0											
INPATIENT ROUTINE COST CENTERS													
25.00	Adults and Pediatrics (Gen Routine)	7,566,576	0	220,488		507,813							
26.00	Intensive Care Unit	3,011,442	0	46,525		107,153							
27.00	Coronary Care Unit	0	0	0		0							
28.00	Neonatal Intensive Care Unit	0	0	0		0							
29.00	Surgical Intensive Care	0	0	0		0							
31.00	Subprovider	0	0	0		0							
31.01	Subprovider 2 Psych	0	0	0		0							
32.00	Nursery	778,902	0	17,096		39,375							
34.00	Skilled Nursing Facility	1,150,355	0	78,607		181,041							
35.00	Distinct Part Nursing Facility	0	0	0		0							
36.00	Adult Subacute Care Unit	0	0	0		0							
36.01	Subacute Care Unit II	0	0	0		0							
36.02	Transitional Care Unit	0	0	0		0							

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.1

Provider Name:
ST. LOUISE REGIONAL HOSPITAL

Fiscal Period Ended:
JUNE 30, 2008

	ALLOC COST 4.08	EMPLOYEE BENEFITS 5.00	NON-PATIENT PHONES 6.01	DATA PROCESSING 6.02	PURCHASING RECEIVING 6.03	ADMITTING COST 6.04	OUTPATIENT REGISTRATION 6.05	ALLOC COST 6.00	ALLOC COST 6.07	ALLOC COST 6.08	ACCUMULATE COST	ADMINISTRATIVE & GENERAL 6.06
ANCILLARY COST CENTERS												
37.00 Operating Room	0	978,630	12,755	395,415	5,347	76,179	63,919	0	0	0	4,479,192	598,579
38.00 Recovery Room	0	0	0	0	0	0	0	0	0	0	0	0
39.00 Delivery Room and Labor Room	0	222,335	0	14,031	5,513	9,187	1,993	0	0	0	1,035,570	138,389
40.00 Anesthesiology	0	0	0	0	0	0	0	0	0	0	0	0
41.00 Radiology - Diagnostic	0	769,283	18,424	18,148	17,044	35,357	141,165	0	0	0	4,223,012	564,345
41.01	0	0	0	0	0	0	0	0	0	0	0	0
41.02	0	0	0	0	0	0	0	0	0	0	0	0
42.00 Radiology - Therapeutic	0	0	0	0	0	0	0	0	0	0	0	0
43.00 Radioisotope	0	0	0	0	4,050	1,004	1,698	0	0	0	170,480	22,782
44.00 Laboratory	0	548,255	12,046	74,840	88,109	54,589	67,176	0	0	0	3,956,634	528,747
44.01 Pathological Lab	0	0	0	0	0	0	0	0	0	0	0	0
46.00 Whole Blood	0	0	0	0	0	0	0	0	0	0	0	0
47.00 Blood Storing and Processing	0	0	0	0	0	0	0	0	0	0	0	0
48.00 Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
49.00 Respiratory Therapy	0	448,550	4,960	214,777	1,090	45,270	12,883	0	0	0	2,174,935	290,649
50.00 Physical Therapy	0	1,236	2,834	43,259	11	16,389	4,511	0	0	0	791,793	105,812
51.00 Occupational Therapy	0	0	0	0	0	0	0	0	0	0	0	0
52.00 Speech Pathology	0	0	0	0	0	0	0	0	0	0	0	0
53.00 Electrocardiology	0	0	0	0	0	0	0	0	0	0	0	0
54.00 Electroencephalography	0	0	0	0	0	0	0	0	0	0	0	0
55.00 Medical Supplies Charged to Patients	0	0	0	0	260,751	87,225	51,297	0	0	0	4,057,243	542,192
56.00 Drugs Charged to Patients	0	0	0	0	0	89,517	29,399	0	0	0	1,309,019	174,931
57.00 Renal Dialysis	0	0	0	0	5	4,021	53	0	0	0	114,380	15,285
58.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
58.02	0	0	0	0	0	0	0	0	0	0	0	0
59.01	0	0	0	0	0	0	0	0	0	0	0	0
59.02	0	0	0	0	0	0	0	0	0	0	0	0
59.03	0	0	0	0	0	0	0	0	0	0	0	0
60.00 Clinic	0	73,803	3,543	0	6,172	9	2,792	0	0	0	581,385	77,694
60.01 Pediatrics Clinic	0	0	0	0	218	0	0	0	0	0	3,284	439
61.00 Emergency	0	1,265,687	17,715	40,275	2,968	26,488	205,231	0	0	0	5,288,172	706,688
62.00 Observation Beds	0	0	0	0	0	412	2,290	0	0	0	2,702	361
62.01	0	0	0	0	0	0	0	0	0	0	0	0
62.02	0	0	0	0	0	0	0	0	0	0	0	0
62.03	0	0	0	0	0	0	0	0	0	0	0	0
62.04	0	0	0	0	0	0	0	0	0	0	0	0
85.00	0	0	0	0	0	0	0	0	0	0	0	0
86.00	0	0	0	0	0	0	0	0	0	0	0	0
NONREIMBURSABLE COST CENTERS												
96.00 Gift, Flower, Coffee Shop and Canteen	0	0	0	0	2,936	0	0	0	0	0	44,309	5,921
97.00 Research	0	0	0	0	0	0	0	0	0	0	0	0
98.00 Physicians' Private Office	0	0	0	0	0	0	0	0	0	0	0	0
99.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
99.01	0	0	0	0	0	0	0	0	0	0	0	0
99.02	0	0	0	0	0	0	0	0	0	0	0	0
99.03	0	0	0	0	0	0	0	0	0	0	0	0
99.04	0	0	0	0	0	0	0	0	0	0	0	0
99.05	0	0	0	0	0	0	0	0	0	0	0	0
99.06	0	0	0	0	0	0	0	0	0	0	0	0
100.00 Misc Nonreimbursable	0	20,378	2,834	0	318	0	0	0	0	0	128,204	17,133
100.01 Community Health / Public Relations	0	129,724	2,126	0	1,105	0	0	0	0	0	839,061	112,128
100.02 Meals On Wheels	0	0	0	0	0	0	0	0	0	0	0	0
100.03	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	11,973,889	196,285	1,666,292	591,086	781,034	584,406	0	0	0	98,035,008	8,020,122

Provider Name:
ST. LOUISE REGIONAL HOSPITAL

Fiscal Period Ended:
JUNE 30, 2008

TRIAL BALANCE EXPENSES	MAINT & REPAIRS 7.00	OPER PLANT 8.00	LAUNDRY & LINEN 9.00	HOUSEKEEP 10.00	DIETARY 11.00	CAFE 12.00	MAINT OF PERSONNEL 13.00	NURSING ADMIN 14.00	CENTRAL SERVICE & SUPPLY 15.00	PHARMACY 16.00	MEDICAL RECORDS & LIBRARY 17.00	SOCIAL SERVICE 18.00
ANCILLARY COST CENTERS												
37.00 Operating Room	301,751	131,190	18,659	217,469	0	119,807	0	216,986	3,197	22,228	162,594	0
38.00 Recovery Room	0	0	0	0	0	0	0	0	0	0	0	0
39.00 Delivery Room and Labor Room	85,845	37,322	4,104	0	0	29,286	0	99,898	6,749	6,179	12,842	0
40.00 Anesthesiology	0	0	0	0	0	0	0	0	0	0	0	0
41.00 Radiology - Diagnostic	214,482	93,248	4,233	154,575	0	140,457	0	18,873	18,873	723	207,463	0
41.01	0	0	0	0	0	0	0	0	0	0	0	0
41.02	0	0	0	0	0	0	0	0	0	0	0	0
42.00 Radiology - Therapeutic	0	0	0	0	0	0	0	0	0	0	0	0
43.00 Radioisotope	0	0	0	0	0	0	0	0	5,005	0	3,155	0
44.00 Laboratory	106,267	46,201	0	76,585	0	118,963	0	106,973	106,973	0	141,815	0
44.01 Pathological Lab	0	0	0	0	0	0	0	0	0	0	0	0
46.00 Whole Blood	0	0	0	0	0	0	0	0	0	0	0	0
47.00 Blood Storing and Processing	0	0	0	0	0	0	0	0	0	0	0	0
48.00 Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
49.00 Respiratory Therapy	34,361	14,939	0	24,763	0	86,625	0	903	903	0	66,907	0
50.00 Physical Therapy	47,850	20,803	161	34,485	0	195	0	1	1	0	24,041	0
51.00 Occupational Therapy	0	0	0	0	0	0	0	0	0	0	0	0
52.00 Speech Pathology	0	0	0	0	0	0	0	0	0	0	0	0
53.00 Electrocardiology	0	0	0	0	0	0	0	0	0	0	0	0
54.00 Electroencephalography	0	0	0	0	0	0	0	0	0	0	0	0
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	322,260	0	160,255	0
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	2,167,407	136,946	0
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	6	120	4,651	0
58.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
58.02	0	0	0	0	0	0	0	0	0	0	0	0
59.01	0	0	0	0	0	0	0	0	0	0	0	0
59.02	0	0	0	0	0	0	0	0	0	0	0	0
59.03	0	0	0	0	0	0	0	0	0	0	0	0
60.00 Clinic	68,908	29,959	826	49,662	0	13,182	0	6,982	4,799	51	3,316	0
60.01 Pediatrics Clinic	0	0	0	0	0	0	0	0	0	0	0	0
61.00 Emergency	127,363	55,372	9,906	91,789	0	180,913	0	408,417	1,920	15,012	273,189	0
62.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
62.01	0	0	0	0	0	0	0	0	0	0	0	0
62.02	0	0	0	0	0	0	0	0	0	0	0	0
62.03	0	0	0	0	0	0	0	0	0	0	0	0
62.04	0	0	0	0	0	0	0	0	0	0	0	0
85.00	0	0	0	0	0	0	0	0	0	0	0	0
86.00	0	0	0	0	0	0	0	0	0	0	0	0
NONREIMBURSABLE COST CENTERS												
96.00 Gift, Flower, Coffee Shop and Canteen	0	0	0	0	0	0	0	0	0	0	0	0
97.00 Research	0	0	0	0	0	0	0	0	0	0	0	0
98.00 Physicians' Private Office	0	0	0	0	0	0	0	0	0	0	0	0
99.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
99.01	0	0	0	0	0	0	0	0	0	0	0	0
99.02	0	0	0	0	0	0	0	0	0	0	0	0
99.03	0	0	0	0	0	0	0	0	0	0	0	0
99.04	0	0	0	0	0	0	0	0	0	0	0	0
99.05	0	0	0	0	0	0	0	0	0	0	0	0
99.06	0	0	0	0	0	0	0	0	0	0	0	0
100.00 Misc Nonreimbursable	29,227	12,707	0	21,064	0	5,455	0	734	235	250	0	0
100.01 Community Health / Public Relations	0	0	0	0	0	19,871	0	0	749	0	0	0
100.02 Meals On Wheels	0	0	0	0	335,843	0	0	0	0	0	0	0
100.03	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	2,765,219	1,161,859	79,453	1,880,097	938,131	1,579,446	0	2,132,870	614,165	2,237,824	1,583,039	306,132

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.3

Provider Name:
ST. LOUISE REGIONAL HOSPITAL

Fiscal Period Ended:
JUNE 30, 2008

TRIAL BALANCE EXPENSES	ALLOC COST 19.00	ALLOC COST 19.02	ALLOC COST 19.03	NON-PHYSICIAN ANESTH 21.00	NURSING SCHOOL 21.01	INT & RES SALARY & FRINGES 22.00	INT & RES PROGRAM 23.00	PARAMED EDUCAT 24.00	SUBTOTAL 25.00	POST STEP-DOWN ADJUSTMENT 26.00	TOTAL COST 27.00	
ANCILLARY COST CENTERS												
37.00 Operating Room	0	0	0	0	0	0	0	0	6,271,651	0	6,271,651	
38.00 Recovery Room	0	0	0	0	0	0	0	0	0	0	0	
39.00 Delivery Room and Labor Room	0	0	0	0	0	0	0	0	1,456,185	0	1,456,185	
40.00 Anesthesiology	0	0	0	0	0	0	0	0	0	0	0	
41.00 Radiology - Diagnostic	0	0	0	0	0	0	0	0	5,621,412	0	5,621,412	
41.01	0	0	0	0	0	0	0	0	0	0	0	
41.02	0	0	0	0	0	0	0	0	0	0	0	
42.00 Radiology - Therapeutic	0	0	0	0	0	0	0	0	0	0	0	
43.00 Radioisotope	0	0	0	0	0	0	0	0	201,422	0	201,422	
44.00 Laboratory	0	0	0	0	0	0	0	0	5,082,185	0	5,082,185	
44.01 Pathological Lab	0	0	0	0	0	0	0	0	0	0	0	
46.00 Whole Blood	0	0	0	0	0	0	0	0	0	0	0	
47.00 Blood Storing and Processing	0	0	0	0	0	0	0	0	0	0	0	
48.00 Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	
49.00 Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	0	
50.00 Physical Therapy	0	0	0	0	0	0	0	0	2,694,081	0	2,694,081	
51.00 Occupational Therapy	0	0	0	0	0	0	0	0	1,025,141	0	1,025,141	
52.00 Speech Pathology	0	0	0	0	0	0	0	0	0	0	0	
53.00 Electrocardiology	0	0	0	0	0	0	0	0	0	0	0	
54.00 Electroencephalography	0	0	0	0	0	0	0	0	0	0	0	
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	5,081,950	0	5,081,950	
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	3,788,304	0	3,788,304	
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	134,442	0	134,442	
58.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	
58.02	0	0	0	0	0	0	0	0	0	0	0	
59.01	0	0	0	0	0	0	0	0	0	0	0	
59.02	0	0	0	0	0	0	0	0	0	0	0	
59.03	0	0	0	0	0	0	0	0	0	0	0	
60.00 Clinic	0	0	0	0	0	0	0	0	0	0	0	
60.01 Pediatrics Clinic	0	0	0	0	0	0	0	0	836,764	0	836,764	
61.00 Emergency	0	0	0	0	0	0	0	0	3,722	0	3,722	
62.00 Observation Beds	0	0	0	0	0	0	0	0	7,158,740	0	7,158,740	
62.01	0	0	0	0	0	0	0	0	3,063	0	3,063	
62.02	0	0	0	0	0	0	0	0	0	0	0	
62.03	0	0	0	0	0	0	0	0	0	0	0	
62.04	0	0	0	0	0	0	0	0	0	0	0	
85.00	0	0	0	0	0	0	0	0	0	0	0	
86.00	0	0	0	0	0	0	0	0	0	0	0	
NONREIMBURSABLE COST CENTERS												
96.00 Gift, Flower, Coffee Shop and Canteen	0	0	0	0	0	0	0	0	50,231	0	50,231	
97.00 Research	0	0	0	0	0	0	0	0	0	0	0	
98.00 Physicians' Private Office	0	0	0	0	0	0	0	0	0	0	0	
99.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	
99.01	0	0	0	0	0	0	0	0	0	0	0	
99.02	0	0	0	0	0	0	0	0	0	0	0	
99.03	0	0	0	0	0	0	0	0	0	0	0	
99.04	0	0	0	0	0	0	0	0	0	0	0	
99.05	0	0	0	0	0	0	0	0	0	0	0	
99.06	0	0	0	0	0	0	0	0	0	0	0	
100.00 Misc Nonreimbursable	0	0	0	0	0	0	0	0	214,273	0	214,273	
100.01 Community Health / Public Relations	0	0	0	0	0	0	0	0	972,543	0	972,543	
100.02 Meals On Wheels	0	0	0	0	0	0	0	0	335,843	0	335,843	
100.03	0	0	0	0	0	0	0	0	0	0	0	
TOTAL	0	0	0	0	0	0	0	0	68,035,008	0	68,035,008	

Provider Name:
ST. LOUISE REGIONAL HOSPITAL

Fiscal Period Ended:
JUNE 30, 2008

	EMP BENE (GROSS SALARIES) 5.00	NON- PT PHONES (# PHONES) (TRANSACT'N) 6.01 (Adj 7)	DATA PROCESSING (TRANSACTION) 6.02	PURCHASING RECEIVING (PUR SUPP) 6.03	ADMITTING (INPATIENT REVENUES) 6.04 (Adj 8)	OUT- PT REGISTR (OUTPT REV) 6.05 (Adj 9)	STAT	STAT	ADM & GEN (ACCU COST)	MAINT & REPAIRS (SQ FT) 7.00 (Adj 6)
GENERAL SERVICE COST CENTERS										
1.00										
2.00										
3.00										
4.00										
4.01										
4.02										
4.03										
4.04										
4.05										
4.06										
4.07										
4.08										
5.00	72,842									
6.01										
6.02		8								
6.03	430,170	8	9,139							
6.04	510,973	12		54,699			6.07			
6.05	401,136						6.08			
6.00										
6.07										
6.08										
6.06	1,728,608	36	145,375	76,195				2,439,249		2,477
7.00	780,953	8		180,500				943,023		
8.00				646				70,087		
9.00								1,578,510		1,686
10.00	803,912	2		156,355				548,203		3,332
11.00	232,571	10		445,758				1,309,743		1,761
12.00	829,090							0		
13.00	1,180,072	4		21,962				1,812,229		190
14.00	2,237			86,554				414,920		1,778
15.00	750,181	6	59,529	1,196,188				1,779,755		850
16.00			208,151	23,357				1,256,704		1,010
17.00	667,440	15		2,884				254,102		97
18.00	169,338	2						0		
19.00								0		
19.02								0		
19.03								0		
21.00								0		
21.01								0		
22.00								0		
23.00								0		
24.00								0		
25.00	6,637,209	41	5,110	373,833	54,002,504			11,114,755		20,364
26.00	2,697,149	16	10,039	95,800	19,859,817			4,313,638		4,297
27.00								0		
28.00								0		
29.00								0		
31.00								0		
31.01								0		
32.00								0		
33.00	728,167		964		3,409,890			1,129,060		1,579
34.00	1,083,147		4,620	39,133	4,046,550			1,851,635		7,260
35.00								0		
36.00								0		
36.01								0		
36.02								0		

STATE OF CALIFORNIA

STATISTICS FOR COST ALLOCATION (W/S B-1)

SCHEDULE 9.1

Provider Name:
ST. LOUISE REGIONAL HOSPITAL

Fiscal Period Ended:
JUNE 30, 2008

	EMP BENE (GROSS SALARIES) 5.00	NON- PT PHONES (# PHONES) (Adj 7) 6.01	DATA PROCESSING (TRANSACTION) 6.02	PURCHASING RECEIVING (PUR SUPP) 6.03	ADMITTING (INPATIENT REVENUES) (Adj 8) 6.04	OUT- PT REGISTR (OUTPT REV) (Adj 9) 6.05	STAT	STAT	STAT	ADM & GEN (ACCUM COST) 6.08	MAINT & REPAIRS (SQ FT) 7.00 (Adj 6)
ANCILLARY COST CENTERS											
37.00	2,565,735	18	202,346	75,335	18,470,735	16,079,817				4,479,192	8,053
38.00										0	
39.00	582,911		7,180	77,674	2,227,444	501,372				1,035,570	2,291
40.00										0	
41.00	2,016,877	26	9,287	240,145	8,572,713	35,512,246				4,223,012	5,724
41.01										0	
41.02										0	
42.00										0	
43.00				57,058	243,395	427,037				170,480	
44.00	1,437,394	17	38,298	1,241,437	13,235,835	16,899,173				3,956,634	2,836
44.01										0	
46.00										0	
47.00										0	
48.00										0	
49.00	1,175,991	7	109,908	15,352	10,976,410	3,240,999				2,174,935	917
50.00	3,241	4	22,137	148	3,973,804	1,134,895				791,793	1,277
51.00										0	
52.00										0	
53.00										0	
54.00										0	
55.00				3,673,936	21,148,904	12,904,467				4,057,243	
56.00					21,704,601	7,395,814				1,309,019	
57.00				68	975,052	13,236				114,380	
58.00										0	
58.02										0	
59.01										0	
59.02										0	
59.03										0	
60.00	193,493	5		86,967	2,209	702,343				581,385	1,839
60.01				3,066						3,284	
61.00	3,318,331	25	20,610	41,812	6,422,335	51,629,120				5,288,172	3,399
62.00					99,990	575,986				2,702	
62.01										0	
62.02										0	
62.03										0	
62.04										0	
85.00										0	
86.00										0	
NONREIMBURSABLE COST CENTERS											
96.00				41,373						44,309	
97.00										0	
98.00										0	
99.00										0	
99.01										0	
99.02										0	
99.03										0	
99.04										0	
99.05										0	
99.06										0	
100.00	53,425	4		4,479						128,204	780
100.01	340,106	3		15,572						839,061	
100.02										0	
100.03										0	
TOTAL	31,392,699	277	852,693	8,328,286	189,372,188	147,016,505	0	0	0	60,014,886	73,797
COST TO BE ALLOCATED	11,973,889	196,285	1,666,292	591,086	781,034	584,406	0	0	0	8,020,122	2,765,219
UNIT COST MULTIPLIER - SCH 8	0.381423	708.608642	1.954153	0.070973	0.004124	0.003975	0.000000	0.000000	0.000000	0.133636	37.470617

STATE OF CALIFORNIA

STATISTICS FOR COST ALLOCATION (W/S B-1)

SCHEDULE 9.2

Provider Name:
ST. LOUISE REGIONAL HOSPITAL

Fiscal Period Ended:
JUNE 30, 2008

	OPER PLANT (SQ FT) (Adj 6)	LAUNDRY & LINEN (LB LNDRY) (Adj 6)	HOUSE-KEEPING (SQ FT) (Adj 6)	DIETARY (MEALS SERVED)	CAFETERIA (FTEs)	MAINT OF PERSONNEL (# HOUSED)	NURSING ADMIN (NURSE HR)	CENT SERV & SUPPLY (CST REQ)	PHARMACY (COSTS REQUIS)	MED REC (GROSS REVENUE)	SOC SERV (TIME SPENT)	STAT
	8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00	19.00
ANCILLARY COST CENTERS												
37.00	8,053	102,980	8,053		1,845		20,387	36,443	12,205	34,550,552		
38.00												
39.00	2,291	22,650			451		9,386	76,947	3,393	2,728,816		
40.00												
41.00	5,724	23,365	5,724		2,163		215,159		397	44,084,959		
41.01												
41.02												
42.00												
43.00												
44.00	2,836		2,836		1,832		57,058	1,219,553		670,432		
44.01										30,135,008		
46.00												
47.00												
48.00												
49.00	917	890	917		1,334		10,297	10,297		14,217,409		
50.00	1,277		1,277		3		15			5,108,699		
51.00												
52.00												
53.00												
54.00												
55.00												
56.00												
57.00												
58.00												
58.02												
59.01												
59.02												
59.03												
60.00	1,839	4,560	1,839		203		656	54,712	28	704,552		
60.01												
61.00	3,399	54,671	3,399		2,786		38,373	21,893	8,243	58,051,455		
62.00												
62.01												
62.02												
62.03												
62.04												
85.00												
86.00												
NONREIMBURSABLE COST CENTERS												
96.00												
97.00												
98.00												
99.00												
99.01												
99.02												
99.03												
99.04												
99.05												
99.06												
100.00	780		780		84		69	2,676	137			
100.01					306			8,534				
100.02				9,011								
100.03												
TOTAL	71,320	438,516	69,621	25,171	24,323	0	200,395	7,001,799	1,228,768	336,388,692	4,122	0
COST TO BE ALLOCATED	1,161,859	79,453	1,880,097	938,131	1,579,446	0	2,132,870	614,165	2,237,824	1,583,039	306,132	0
UNIT COST MULTIPLIER - SCH 8	16.290784	0.181186	27.004735	37.270293	64.936296	0.000000	10.643331	0.087715	1.821193	0.004706	74.267768	0.000000

Provider Name:
ST. LOUISE REGIONAL HOSPITAL

Fiscal Period Ended:
JUNE 30, 2008

	STAT	STAT	NONPHY ANESTH (ASG TIME)	NURSE SCHOOL (ASG TIME)	I&R-SAL & FRINGES (ASG TIME)	I&R-PRG COST (ASG TIME)	PARAMED EDUCAT (ASG TIME)
	19.02	19.03	21.00	21.01	22.00	23.00	24.00
GENERAL SERVICE COST CENTERS							
1.00							
2.00							
3.00							
4.00							
4.01							
4.02							
4.03							
4.04							
4.05							
4.06							
4.07							
4.08							
5.00							
6.01							
6.02							
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18.00							
19.00							
19.02							
19.03							
21.00							
21.01							
22.00							
23.00							
24.00							
25.00							
26.00							
27.00							
28.00							
29.00							
31.00							
31.01							
32.00							
33.00							
34.00							
35.00							
36.00							
36.01							
36.02							

TRIAL BALANCE OF EXPENSES

Provider Name:
ST. LOUISE REGIONAL HOSPITAL

Fiscal Period Ended:
JUNE 30, 2008

		REPORTED	ADJUSTMENTS (From Sch 10A)	AMENDED
	GENERAL SERVICE COST CENTERS			
1.00	Old Capital Related Costs - Building and Fixtures	\$	\$ 0	\$ 0
2.00	Old Capital Related Costs - Movable Equipment		0	0
3.00	New Capital Related Costs - Building and Fixtures	901,010	0	901,010
4.00	New Capital Related Costs - Movable Equipment	2,075,140	0	2,075,140
4.01			0	0
4.02			0	0
4.03			0	0
4.04			0	0
4.05			0	0
4.06			0	0
4.07			0	0
4.08			0	0
5.00	Employee Benefits	11,820,192	122,403	11,942,595
6.01	Nonpatient Telephones	172,958	(4,457)	168,501
6.02	Data Processing	1,646,604	0	1,646,604
6.03	Purchasing / Receiving	325,015	0	325,015
6.04	Admitting	551,971	0	551,971
6.05	Outpatient Registration	431,404	0	431,404
6.00			0	0
6.07			0	0
6.08			0	0
6.06	Administrative and General	6,914,424	(59,938)	6,854,486
7.00	Maintenance and Repairs	2,122,896	0	2,122,896
8.00	Operation of Plant	854,389	0	854,389
9.00	Laundry and Linen Service	70,087	0	70,087
10.00	Housekeeping	1,199,067	0	1,199,067
11.00	Dietary	301,606	0	301,606
12.00	Cafeteria	930,529	0	930,529
13.00	Maintenance of Personnel		0	0
14.00	Nursing Administration	1,350,934	0	1,350,934
15.00	Central Services and Supply	228,006	0	228,006
16.00	Pharmacy	951,345	15,966	967,311
17.00	Medical Records and Library	953,719	0	953,719
18.00	Social Service	184,422	0	184,422
19.00			0	0
19.02			0	0
19.03			0	0
21.00	Nursing School		0	0
21.01	Clinical Pastoral Education		0	0
22.00	Intern and Res Service - Salary and Fringes		0	0
23.00	Intern and Res - Other Program		0	0
24.00	Paramedical Ed Program		0	0
	INPATIENT ROUTINE COST CENTERS			
25.00	Adults and Pediatrics (Gen Routine)	7,566,576	0	7,566,576
26.00	Intensive Care Unit	3,011,442	0	3,011,442
27.00	Coronary Care Unit		0	0
28.00	Neonatal Intensive Care Unit		0	0
29.00	Surgical Intensive Care		0	0
31.00	Subprovider		0	0
31.01	Subprovider 2 Psych		0	0
32.00			0	0
33.00	Nursery	778,902	0	778,902
34.00	Skilled Nursing Facility	1,150,355	0	1,150,355
35.00	Distinct Part Nursing Facility		0	0
36.00	Adult Subacute Care Unit		0	0
36.01	Subacute Care Unit II		0	0
36.02	Transitional Care Unit		0	0

TRIAL BALANCE OF EXPENSES

Provider Name:
ST. LOUISE REGIONAL HOSPITAL

Fiscal Period Ended:
JUNE 30, 2008

		REPORTED	ADJUSTMENTS (From Sch 10A)	AMENDED
	ANCILLARY COST CENTERS			
37.00	Operating Room	\$ 2,658,938	\$ 0	\$ 2,658,938
38.00	Recovery Room		0	0
39.00	Delivery Room and Labor Room	700,575	0	700,575
40.00	Anesthesiology		0	0
41.00	Radiology - Diagnostic	3,018,878	0	3,018,878
41.01			0	0
41.02			0	0
42.00	Radiology - Therapeutic		0	0
43.00	Radioisotope	163,729	0	163,729
44.00	Laboratory	3,010,192	0	3,010,192
44.01	Pathological Lab		0	0
46.00	Whole Blood		0	0
47.00	Blood Storing and Processing		0	0
48.00	Intravenous Therapy		0	0
49.00	Respiratory Therapy	1,414,609	0	1,414,609
50.00	Physical Therapy	677,881	0	677,881
51.00	Occupational Therapy		0	0
52.00	Speech Pathology		0	0
53.00	Electrocardiology		0	0
54.00	Electroencephalography		0	0
55.00	Medical Supplies Charged to Patients	3,673,936	(15,966)	3,657,970
56.00	Drugs Charged to Patients	1,190,103	0	1,190,103
57.00	Renal Dialysis	110,301	0	110,301
58.00	ASC (Non-Distinct Part)		0	0
58.02			0	0
59.01			0	0
59.02			0	0
59.03			0	0
60.00	Clinic	429,296	0	429,296
60.01	Pediatrics Clinic	3,066	0	3,066
61.00	Emergency	3,608,246	0	3,608,246
62.00	Observation Beds		0	0
62.01			0	0
62.02			0	0
62.03			0	0
62.04			0	0
85.00			0	0
86.00			0	0
	SUBTOTAL	\$ 67,152,743	\$ 58,008	\$ 67,210,751
	NONREIMBURSABLE COST CENTERS			
96.00	Gift, Flower, Coffee Shop and Canteen	41,373	0	41,373
97.00	Research		0	0
98.00	Physicians' Private Office		0	0
99.00	Nonpaid Workers		0	0
99.01			0	0
99.02			0	0
99.03			0	0
99.04			0	0
99.05			0	0
99.06			0	0
100.00	Misc Nonreimbursable	76,778	0	76,778
100.01	Community Health / Public Relations	706,106	0	706,106
100.02	Meals On Wheels		0	0
100.03			0	0
100.99	SUBTOTAL	\$ 824,257	\$ 0	\$ 824,257
101	TOTAL	\$ 67,977,000	\$ 58,008	\$ 68,035,008

(To Schedule 8)

STATE OF CALIFORNIA

Provider Name:
ST. LOUISE REGIONAL HOSPITAL

AMENDED ADJUSTMENTS TO REPORTED COSTS

SCHEDULE 10A
Page 1
Fiscal Period Ended:
JUNE 30, 2008

	TOTAL ADJ (Page 1)	AUDIT ADJ 1	AUDIT ADJ 2	AUDIT ADJ 3	AUDIT ADJ 4	AUDIT ADJ 5	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ
ANCILLARY COST CENTERS													
37.00 Operating Room	0												
38.00 Recovery Room	0												
39.00 Delivery Room and Labor Room	0												
40.00 Anesthesiology	0												
41.00 Radiology - Diagnostic	0												
41.01	0												
41.02	0												
42.00 Radiology - Therapeutic	0												
43.00 Radioisotope	0												
44.00 Laboratory	0												
44.01 Pathological Lab	0												
46.00 Whole Blood	0												
47.00 Blood Storing and Processing	0												
48.00 Intravenous Therapy	0												
49.00 Respiratory Therapy	0												
50.00 Physical Therapy	0												
51.00 Occupational Therapy	0												
52.00 Speech Pathology	0												
53.00 Electrocardiology	0												
54.00 Electroencephalography	0												
55.00 Medical Supplies Charged to Patients	(15,966)	(15,966)											
56.00 Drugs Charged to Patients	0												
57.00 Renal Dialysis	0												
58.00 ASC (Non-Distinct Part)	0												
58.02	0												
59.01	0												
59.02	0												
59.03	0												
60.00 Clinic	0												
60.01 Pediatrics Clinic	0												
61.00 Emergency	0												
62.00 Observation Beds	0												
62.01	0												
62.02	0												
62.03	0												
62.04	0												
85.00	0												
86.00	0												
NONREIMBURSABLE COST CENTERS													
96.00 Gift, Flower, Coffee Shop and Canteen	0												
97.00 Research	0												
98.00 Physicians' Private Office	0												
99.00 Nonpaid Workers	0												
99.01	0												
99.02	0												
99.03	0												
99.04	0												
99.05	0												
99.06	0												
100.00 Misc Nonreimbursable	0												
100.01 Community Health / Public Relations	0												
100.02 Meals On Wheels	0												
100.03	0												
101.00 TOTAL	\$58,008	0	(117)	(59,938)	(10,381)	128,444	0	0	0	0	0	0	0

(To Sch 10)

Provider Name:

ST. LOUISE REGIONAL HOSPITAL

Fiscal Period Ended:

JUNE 30, 2008

AUDIT ADJ AUDIT ADJ AUDIT ADJ AUDIT ADJ AUDIT ADJ AUDIT ADJ AUDIT ADJ AUDIT ADJ AUDIT ADJ AUDIT ADJ

GENERAL SERVICE COST CENTER

- 1.00 Old Capital Related Costs - Building and Fixtures
- 2.00 Old Capital Related Costs - Movable Equipment
- 3.00 New Capital Related Costs - Building and Fixtures
- 4.00 New Capital Related Costs - Movable Equipment
- 4.01
- 4.02
- 4.03
- 4.04
- 4.05
- 4.06
- 4.07
- 4.08

- 5.00 Employee Benefits
- 6.01 Nonpatient Telephones
- 6.02 Data Processing
- 6.03 Purchasing / Receiving
- 6.04 Admitting
- 6.05 Outpatient Registration
- 6.00
- 6.07
- 6.08
- 6.06 Administrative and General
- 7.00 Maintenance and Repairs
- 8.00 Operation of Plant
- 9.00 Laundry and Linen Service
- 10.00 Housekeeping
- 11.00 Dietary
- 12.00 Cafeteria
- 13.00 Maintenance of Personnel
- 14.00 Nursing Administration
- 15.00 Central Services and Supply
- 16.00 Pharmacy
- 17.00 Medical Records and Library
- 18.00 Social Service
- 19.00
- 19.02
- 19.03

- 21.00 Nursing School
- 21.01 Clinical Pastoral Education
- 22.00 Intern and Res Service - Salary and Fringes
- 23.00 Intern and Res - Other Program
- 24.00 Paramedical Ed Program

INPATIENT ROUTINE COST CENTERS

- 25.00 Adults and Pediatrics (Gen Routine)
- 26.00 Intensive Care Unit
- 27.00 Coronary Care Unit
- 28.00 Neonatal Intensive Care Unit
- 29.00 Surgical Intensive Care
- 31.00 Subprovider
- 31.01 Subprovider 2 Psych
- 32.00
- 33.00 Nursery
- 34.00 Skilled Nursing Facility
- 35.00 Distinct Part Nursing Facility
- 36.00 Adult Subacute Care Unit
- 36.01 Subacute Care Unit II
- 36.02 Transitional Care Unit

Provider Name		Fiscal Period		Provider Number		Adjustments		
ST. LOUISE REGIONAL HOSPITAL		JULY 1, 2007 THROUGH JUNE 30, 2008		HSP306881		19		
Report References								
Adj. No.	Audit Report	Work Sheet	COST REPORT			As Reported	Increase (Decrease)	As Amended
			Part	Title	Line			
1	10A	A			16.00	\$951,345	\$15,966	\$967,311
	10A	A			55.00	3,673,936	(15,966)	3,657,970
<p>Pharmacy Medical Supplies Charged to Patients To correct the provider's reclassification of Pharmacy materials and supplies to Medical Supplies Charged to Patients, for proper matching of costs and revenue. CMS Pub. 15-1, Sections 2102, 2202.4, 2206, 2302.6, and 2304</p>								
<u>RECLASSIFICATION OF REPORTED COSTS</u>								

Provider Name		Fiscal Period		Provider Number		Adjustments		
ST. LOUISE REGIONAL HOSPITAL		JULY 1, 2007 THROUGH JUNE 30, 2008		HSP306881		19		
Report References		Explanation of Audit Adjustments						
Adj. No.	Audit Report	Work Sheet	COST REPORT			As Reported	Increase (Decrease)	As Amended
			Part	Title	Line			
2	10A	A		5.00	7	\$11,820,192	(\$117)	\$11,820,075 *
								Employee Benefits To adjust reported regional home office costs to agree with the filed CBS Regional Home Office Cost Report. CMS Pub. 15-1, Sections 2150.2 and 2304
3	10A	A		6.06	7	\$6,914,424	(\$59,938)	\$6,854,486
								Administrative and General To reverse provider's A-8 adjustment on start up cost amortization as the cost was fully amortized in FY 2005. CMS Pub. 15-1, Sections 102 and 2304
4	10A	A		6.01	7	\$172,958	(\$4,457)	\$168,501
	10A	A		5.00	7	11,820,075 *	(5,924)	11,814,151 *
								Nonpatient Telephones Employee Benefits To adjust nonpatient telephone expenses to agree with the provider's count of patient telephones. CMS Pub. 15-1, Section 2304
5	10A	A		5.00	7	\$11,814,151	\$128,444	\$11,942,595
								Employee Benefits To adjust pension expense to agree with the allowable funded amount. CMS Pub. 15-1, Sections 2142.3 and 2142.6

*Balance carried forward from prior/to subsequent adjustments

Provider Name		Fiscal Period		Provider Number		Adjustments	
ST. LOUISE REGIONAL HOSPITAL		JULY 1, 2007 THROUGH JUNE 30, 2008		HSP306881		19	
Report References				Explanation of Audit Adjustments			
Adj. No.	Audit Report	COST REPORT			As Reported	Increase (Decrease)	As Amended
		Work Sheet	Part	Title			
ADJUSTMENTS TO REPORTED STATISTICS							
6	9	B-1	6.06	3,4	Administrative and General (Square Footage)	4,768	5,349
	9	B-1	34.00	3,4,7,8,10	Skilled Nursing Facility	9,680	7,260
	9	B-1	60.00	3,4,7,8,10	Clinic (Wound Care)	0	1,839
	9	B-1	7.00	7.00	Total Statistics	74,378	73,797
	9	B-1	8.00	8.00	Total Statistics	71,901	71,320
	9	B-1	10.00	10.00	Total Statistics	70,202	69,621
To reclassify the unused DPNF square footage to the using cost centers identified by the provider due to the closing of the DPNF unit. CMS Pub. 15-1, Sections 2306 and 2328							
7	9	B-1	6.06	6.01	Administrative and General (No. of Telephones)	39	36
	9	B-1	6.01	6.01	Total Statistics	280	277
To eliminate the telephones associated with the Foundation as they are paid for by them. CMS Pub. 15-1, Sections 2306 and 2328							
8	9	B-1	25.00	6.04	Adults and Pediatrics (Inpatient Revenue)	54,678,480	54,002,504
	9	B-1	62.00	6.04	Observation Days	0	99,990
	9	B-1	6.04	6.04	Total Statistics	189,948,174	189,372,188
9	9	B-1	62.00	6.05	Observation Days (Outpatient Revenue)	0	575,986
	9	B-1	6.05	6.05	Total Statistics	146,440,519	147,016,505
To correct the placement of Observation Day revenue to the appropriate overhead cost center for proper allocation of these costs and to be consistent with the reported revenue on Worksheet C. CMS Pub. 15-1, Sections 2304 and 2306							

Provider Name		Fiscal Period		Provider Number		Adjustments		
ST. LOUISE REGIONAL HOSPITAL		JULY 1, 2007 THROUGH JUNE 30, 2008		HSP30688I		19		
Report References								
Adj. No.	Audit Report	Work Sheet	COST REPORT				As Reported	Increase (Decrease)
			Part	Title	Line	Col.		
10	4	D-1	1.00, 4.00	1	Adults and Pediatrics	10,858	11,055	
<p style="text-align: center;"><u>ADJUSTMENT TO REPORTED PATIENT DAYS</u></p> <p>To include labor and delivery days to the total days. CMS Pub. 15-1, Sections 2205.2 and 2345</p>								

Provider Name			Fiscal Period			Provider Number		Adjustments	
ST. LOUISE REGIONAL HOSPITAL			JULY 1, 2007 THROUGH JUNE 30, 2008			HSP306881		19	
Adj. No.	Audit Report	Report References			Line	Col.	As Reported	Increase (Decrease)	As Amended
		Work Sheet	Part	Title					
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - NONCONTRACT									
11	4	D-1	I	XIX	9.00	1	2,204	(713)	1,491
	4A	D-1	II	XIX	43.00	4	129	138	267
	4A	D-1	III	XIX	42.00	4	566	(48)	518
12	4A	Not Reported					0	47	47
	4A	Not Reported					\$0	\$311.42	\$311.42
13	6	D-4	XIX	XIX	37.00	2	\$2,767,681	(\$68,617)	\$2,699,064
	6	D-4	XIX	XIX	39.00	2	950,772	(77,349)	873,423
	6	D-4	XIX	XIX	41.00	2	943,562	5,556	949,118
	6	D-4	XIX	XIX	43.00	2	9,149	430	9,579
	6	D-4	XIX	XIX	44.00	2	1,684,330	558,747	2,243,077
	6	D-4	XIX	XIX	49.00	2	1,690,427	(886,270)	804,157
	6	D-4	XIX	XIX	50.00	2	210,244	8,107	218,351
	6	D-4	XIX	XIX	55.00	2	1,735,583	578,981	2,314,564
	6	D-4	XIX	XIX	56.00	2	2,834,725	195,146	3,029,871
	6	D-4	XIX	XIX	57.00	2	83,828	52,062	135,890
	6	D-4	XIX	XIX	61.00	2	766,176	48,465	814,641
	6	D-4	XIX	XIX	101.00	2	13,676,477	415,258	14,091,735
14	2	E3	III	XIX	10.00	1	\$11,555,147	(\$117,293)	\$11,437,854
	2	E3	III	XIX	11.00	1	13,676,477	415,258	14,091,735
15	3	E3	III	XIX	36.00	1	\$0	\$106,473	\$106,473
	3	E3	III	XIX	36.00	1	0	17,194	17,194
	1	E3	III	XIX	57.00	1	5,283,568	222,499	5,506,067
<p>To adjust Medi-Cal Settlement Data to agree with the following EDS Paid Claims Summary:</p> <p>Report Date: January 04, 2010 Payment Period: July 1, 2007 through December 31, 2009 Service Period: July 1, 2007 through June 30, 2008 CMS Pub. 15-1, Sections 2304 and 2408.3 CCR, Title 22, Section 51541</p>									

Provider Name		Fiscal Period		Provider Number		Adjustments				
ST. LOUISE REGIONAL HOSPITAL		JULY 1, 2007 THROUGH JUNE 30, 2008		HSP306881		19				
Report References										
Adj. No.	Audit Report	Work Sheet	COST REPORT			As Reported	Increase (Decrease)	As Amended		
			Part	Title	Line				Col.	
16	DPNF 1	S-3	I	XIX	15.00	5	114	(25)	89	
<p>EXPLANATION OF AUDIT ADJUSTMENTS</p> <p>ADJUSTMENTS TO REPORTED MEDI-CAL DPNF SETTLEMENT DATA</p> <p>Medi-Cal Days - Distinct Part Nursing Facility To adjust Medi-Cal DPNF Settlement Data to agree with the following EDS Paid Claims Summary: Report Date: January 04, 2010 Payment Period: July 1, 2007 through December 31, 2009 Service Period: July 1, 2007 through June 30, 2008 CMS Pub. 15-1, Sections 2304 and 2408.3</p>										
17	DPNF 4	Not Reported					\$0	\$1,291,901	\$1,291,901	
	DPNF 4	Not Reported					0	115,510	115,510	
	DPNF 4	Not Reported					0	1,761,114	1,761,114	
<p>EXPLANATION OF ADJUSTMENTS</p> <p>Respiratory Therapy Medical Supplies Charged to Patients Drugs Charged to Patients To include ancillary charges related to the distinct part nursing facility that are part of the all-inclusive rate. CMS Pub. 15-1, Sections 2202.8 and 2203.2 CCR, Title 22, Sections 51511 and 51123</p>										

Provider Name		Fiscal Period		Provider Number		Adjustments		
ST. LOUISE REGIONAL HOSPITAL		JULY 1, 2007 THROUGH JUNE 30, 2008		HSP306881		19		
Report References								
Adj. No.	Audit Report	Work Sheet	COST REPORT			As Reported	Increase (Decrease)	As Amended
			Part	Title	Line			
18	1	Not Reported				\$0	\$304	\$304
Medi-Cal Credit Balances To recover outstanding Medi-Cal credit balances. CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Sections 50761 and 51458.1								
19	1	Not Reported				\$0	\$3,853	\$3,853
Routine Services - Late Billing Penalty To include an adjustment for late billing penalties applicable to late billed routine services. CCR, Title 22, Section 51458.1 CMS Pub. 15-1, Sections 2304 and 2408 W&I Code, Section 14115								

ADJUSTMENTS TO OTHER MATTERS